

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4119HPC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/30/2010
NAME OF PROVIDER OR SUPPLIER ANGEL EYE HOSPICE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2770 S MARYLAND PKWY SUITE 413 LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure Focused Survey conducted in your facility on 7/28/10, in accordance with Nevada Administrative Code, Chapter 449, Provision of Hospice Care.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Five patient files were reviewed. Eleven employee files were reviewed.</p> <p>The following deficiencies were identified:</p> <p>The following regulatory deficiencies were identified:</p>	L 000			
L 057	<p>449.0184 GOVERNING BODY REQUIRED; DUTIES OF GOVE</p> <p>Every facility which provides a program of hospice care must have a governing body which shall:</p> <p>2. Ensure that all services provided by the program of hospice care are consistent with accepted standards of practice for the care of the patients.</p>	L 057			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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L 057	Continued From page 1 This Regulation is not met as evidenced by: Based on record review, policy review and interview, the agency failed to ensure the policies were followed for 2 of 5 patients (Patients #2 and #3). 1. Agency policy #C:1-010.1 revealed the need for the agency to have a copy of the patient's Power of Attorney for healthcare decisions document and the patient's wishes for the withholding of life-saving measures if such a document has been executed, in the patient record. 2. The patient records for Patients #2 and #3 lacked documented evidence of the above mention documents. Severity: 2 Scope: 2	L 057			
L 062	449.0185 REQUIREMENTS OF PROGRAM OF HOSPICE CARE A program of hospice care must comply with the following requirements: 5. A social worker must provide social services to each patient in the program under the direction of the interdisciplinary team. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to ensure that a qualified social worker was available to provided social services to 5 of 5 patients. (Patients #1, #2, #3, #4 and #5) 1. The social worker on staff with the agency, hire date in April 2010, was not licensed to practice as a social worker in the state of Nevada.	L 062			

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L 062	Continued From page 2 Severity: 2 Scope: 3	L 062			
L 066	449.0186 REQUIREMENTS FOR PLAN OF CARE Section 21 1. The medical director of a program of hospice care shall cause a written plan of care to be established for each patient in the program. Any person who furnishes care for the patient shall adhere to the plan. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to ensure a valid plan of care for the patient with physician orders that were signed timely for 1 of 5 patients. (Patient #1) 1. The agency policy #2-032.1 revealed that all physician orders were to be signed within 30 days of the date ordered. 2. Patient #1's record lacked documented evidence of signatures from the physician on orders generated for care that met the policy requirements of the agency. Severity: 2 Scope: 1	L 066			
L 070	449.0186 REQUIREMENTS FOR PLAN OF CARE 2. A plan of care must: (d) Be reviewed and updated at intervals that are specified in the plan by the person who established the plan. The review must be documented in writing. This Regulation is not met as evidenced by:	L 070			

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L 070	<p>Continued From page 3</p> <p>Based on record review and interview, the agency failed to review and update the plans of care for 3 of 5 patients (Patients #1, #2 and #4).</p> <p>1. The agency's policy #2-048.2 revealed that the staff must review and update the plan of care at least every 2 weeks.</p> <p>2. Patients #1, #2 and #4's records lacked documented evidence that the plans of care had been updated in accordance with agency policy.</p> <p>Severity: 2 Scope: 3</p>	L 070			

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